2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 01, 2007 8:00 am
Secretary of State

05-01-2007 90394 001 ***400.00

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04032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000065648

1. Entity Name
1729 CHEROKEE PARTNERS, LLC

Principal Place of Business	Mailing Address
1901 MORRILL STREET SARASOTA, FL 34236	1901 MORRILL STREET SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1905 Morrill Street	1905 Morrill Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34236 Country	Zip: 34236 Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIRNBACH, JEFFREY 1901 MORRILL ST. SARASOTA, FL 34236	Name: Hanan, Benjamin R. Street Address (P.O. Box Number is Not Acceptable): 240 S. Pineapple Ave., 10th Floor City: Sarasota FL Zip Code: 34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4/27/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSAIQUE DEVELOPMENT, L.L.C. 1901 MORRILL STREET SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1905 Morrill Street Sarasota, FL 34236	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Philip Chmieleski 4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #